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T-585 P.003/005 F-843

990165

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PATENT

#7
TLR
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of)
MARK PARISI) For: METHOD AND APPARATUS FOR
Serial No.: 09/803,058) HIGH DENSITY MESSAGE
) CODING
)
)
)
Filed: March 8, 2001) Group Art Unit: 2682

RESPONSE TO OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attention: Sanh D. Phu
Patent Examiner

Dear Mr. Phu:

In response to the Office Action of February 17, 2004, please consider the following remarks:

I hereby certify that this correspondence is being sent via facsimile to the Commissioner of Patents and Trademarks, Washington, D.C. 20231, on:

May 17, 2004

(Date of Facsimile Transmission)

Victoria J. Pacey

(Name of Person Making Transmission)

(Signature)

AMENDMENT TRANSMITTAL FORM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer No.: 23696
Attorney Docket No.: 990165
In Re Application of: Mark Parisi
Serial Number: 09/803,058
Filed: March 8, 2001
Examiner: Sanh Phu
Group Art Unit: 2682

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	7	20	0	x \$18 =	\$0
Independent**	3	3	0	x \$86 =	\$0
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$290	\$
EXTENSION FEES			<input type="checkbox"/> One Month	\$110	\$
			<input type="checkbox"/> Two Months	\$420	\$
			<input type="checkbox"/> Three Months	\$950	\$
TERMINAL DISCLAIMER				\$110	\$
				TOTAL FEE	\$

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☐ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$_____.
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: May 17, 2004

Signature: 

Thomas M. Thibault, Reg. No. 42,181
Phone No. (858) 651-2356

QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

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Facsimile Transmittal

DATE: May 17, 2004

TO: Examiner Sanh Phu, USPTO
Group Art Unit No. 2682 Attorney Docket No. 990165

FAX : 703-872-9306

FROM: Thomas M. Thibault

PHONE: (858) 651-2356

FAX (858) 845-8502

Number of Pages including this cover sheet:

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